

Town of Islip Housing Authority UNIT AVAILABILITY FORM

Date form completed: _____

Fax completed form to 631 589-6575

UNIT INFORMATION

Street Address: _____

City-Zip _____

of bedrooms (circle 1): 0 1 2 3 4 5 6 Proposed Rent: \$ _____ Security? \$ _____

Does the unit have any features that provide access to persons with a disability or handicap? Yes No

If yes please list _____

Type of Unit (circle 1): Apt., Single Family, Approved Multi family,, Condo/co-op, Other: _____

Utilities:	Responsibility? Circle one	Type Circle one	Other Amenities? Optional
Heat	LL or T	Gas Electric Oil Propane	
Cooking	LL or T	Gas Electric Oil Propane	
Hot Water	LL or T	Gas Electric Oil Propane	
Water	LL or T	Gas Electric Oil Propane	
Electric Lights	LL or T	Gas Electric Oil Propane	

Date Unit Available: _____

OWNER/CONTACT INFORMATION

Owner Name: _____

Tel. # Day: _____ Tel # evening: _____

(If you would like confirmation of this listing, please provide either your fax# or your email address) _____

If applicable, Broker Name: _____

Real Estate Agency: _____

Contact telephone number: _____

By my signature below, I hereby certify that the above information is accurate and that I am the owner or an authorized representative thereof. I also understand that the Housing Authority makes no guarantees that a voucher recipient will request to lease the unit and/or that the unit rent is approvable and/or whether the unit will comply with applicable inspection standards. ***I understand that a valid rental permit issued by the Town of Islip Bldg. Dept. Is required in order for a voucher recipient to occupy a unit.***

Print Name of Authorized Representative _____

Signature of Authorized representative _____

The unit availability listing is made available to Section 8 voucher recipients upon their request.

PLEASE NOTE THAT ALL LISTINGS ARE REMOVED FROM THE HA AVAILABLE UNIT LISTING 30 DAYS AFTER THE UNIT AVAILABILITY DATE UNLESS THE HA RECEIVES A SIGNED UPDATED WRITTEN REQUEST TO MAINTAIN THE LISTING.